



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

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EVIDENCE

Witness 5: John Carpay

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Shawn Buckley

Our next witness today is John Carpay.

John, can you state your full name for the record, spelling your first and last name?

John Carpay

John Victor Carpay. John, J-0-H-N, Victor, V-I-C-T-O-R, Carpay, C-A-R-P-A-Y.

Shawn Buckley

John, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

John Carpay

I do.

Shawn Buckley

Now, John, you have a bachelor's degree in political science from the University of Laval.

John Carpay

That's correct.

Shawn Buckley

You have a law degree from the University of Calgary.

John Carpay

Correct.

Shawn Buckley

And you have, you are, and have been for some time the President of the Justice Centre for Constitutional Justice or Freedoms [JCCF]. Can you share with us about the JCCF, what you guys are about, and give us a brief outline of the involvement that you guys have taken with the COVID pandemic? Because you guys have been quite busy.

John Carpay

So the Justice Centre is a registered charity. We are a non-profit. We are 12 years old. We were founded in 2010. Our mission is to defend constitutional freedoms through litigation and education.

We were, to my knowledge, the first non-profit in Canada to call for an end to lockdowns. This was in May of 2020, so we were two months into violation of Charter rights and freedoms, and we have a paper on our website called, "No Longer Demonstrably Justified." And our argument in May of 2020, and since that time, is that the lockdowns are doing more harm than good. Therefore, under the *Canadian Charter of Rights and Freedoms*, those are not justified violations of our Charter rights and freedoms.

So since March of 2020, we've had court cases across Canada. We have challenged lockdown measures in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec. We represent Sheila Annette Lewis, who is the lady that needs a double organ transplant, who currently, in Alberta, will die without that medical treatment. Prior witness Dr. Eric Payne alluded to that. That's one of our clients. We've defended the free speech rights of doctors and nurses to speak freely and honestly their own views and opinions about medical and scientific issues. We've represented students threatened with expulsion from university for refusing to take the COVID vaccine, government workers threatened with loss of employment.

We also are paying for the legal defence, the criminal defence, for people like Tamara Lich and Chris Barber, who've been criminally charged for doing nothing other than peacefully exercising their Charter freedoms of expression and association and so on. And so we have lawyers in BC, Alberta, Saskatchewan, Ontario, Quebec, fighting court cases all across Canada.

Shawn Buckley

And am I correct that basically you guys depend on donations from the public to fund these lawsuits?

John Carpay

We neither ask for nor receive any government funding for our work, and indeed we rely entirely on voluntary donations to carry out our work.

Shawn Buckley

Okay, thank you for sharing that. So now you are invited here today to share with the National Citizens Inquiry your thoughts actually on specific actions or changes that could

be made, so that going forward we don't experience things the way we have experienced them. And I'd like to invite you to start your presentation at this time [Exhibit RE-12].

John Carpay

Yes, I've got a got my own computer here, but I don't know if the Commission staff is able to put the—

Shawn Buckley

Yeah, we're up and if you open that laptop likely it would show up on that laptop also, it won't, okay, so—

John Carpay

No, I've got the same presentation on my own laptop. So protecting Canadians' human rights and constitutional freedoms in the context of a public health emergency. So we acknowledge that it is a valid choice on the part of governments and legislatures

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to have public health legislation on the books. We're not calling for a repeal of that. It's also perfectly valid for legislation to provide parameters and guidance on what to do in a public health emergency. We're assuming that that legislation is valid and it should remain on the books, but I have 18 recommendations, which I'll go through briefly.

Maybe the next one or two slides down. Next one down. One further.

Yes, chief medical officers, health authorities, and so on, must at all times disclose to the public the specific assumptions, data, statistical models, sources for their modelling, etc. Case in point: here in Alberta, Premier Jason Kenney and Chief Medical Officer Deena Hinshaw, on April the 8th, 2020 presented a model to the Alberta public suggesting that even with lockdown measures in place, 32,000 Albertans could die of COVID. That number, 32,000, is higher than the 27,000 total annual deaths in Alberta from all causes. All-cause mortality in Alberta: 27,000 per year. And here we have the chief medical officer and the premier saying 32,000 people could die of COVID. Of course, this proved to be completely false, and so wildly exaggerated as to become false. Governments were asked, I asked the government, what is your basis for this model? How did you come up with this number of 32,000? Is it based on Neil Ferguson modelling? Did you pull it out of thin air? What's the source? How did you come up with this number? No answer: completely stonewalled.

So this first recommendation, I could give many, many other examples: The specific documents need to be made available to the public at all times on everything pertaining to the public health emergency. Go to the next slide if you like.

This recommendation is that the chief medical officer must submit to a weekly questioning by elected members of the legislature. I use the word legislature to mean both federal Parliament and the provincial Legislative Assembly. So I'm using one word. These 18 recommendations are intended to apply to both levels of government, federal, provincial, and territorial, which is analogous to provincial.

One aspect of our Constitution, one of the constitutional principles, is democratic accountability. It is the idea that we, the people, elect our representatives and our elected

representatives pass the laws under which we live. And there is maybe not direct accountability through citizens' initiative, but at least there's some accountability because you can hold to account the federal MPs [Members of Parliament], provincial MLAs [Members of the Legislative Assembly], for the laws that they are passing. This went out the window in March of 2020, where the chief medical officer in Alberta, BC, Saskatchewan, and so on, federally— All of a sudden, these chief medical officers became like medieval monarchs. In fact, Deena Hinshaw's orders, "I, Deena Hinshaw, Chief Medical Officer of Health, decree as follows." I mean, it was literally like a medieval monarch. And there was zero accountability. There was buck passing. You phone your MLA to say that you disagree with lockdowns, and they say, "Oh, well, you know, we're just listening to the Chief Medical Officer." But she, in turn, often said, "Well, it's really up to the Premier. I'm just your lowly humble, you know, making recommendations." There's just this ongoing buck-passing for three years.

Anyway, legislation needs to be amended to make it such that the chief medical officer appears weekly for questioning before all party committees, federally, provincially, as the case may be, to answer questions. Next slide, please.

Using existing emergency response plans—I'm not going to dwell on this. I believe that this was addressed extensively by Lieutenant Colonel Redmond or another witness. This needs to be legislated. Obviously, if these plans are disregarded— Well, okay, so for next time around, we need legislation that says that existing emergency use plans have to be used, barring unanticipated information that transparently justifies a deviation.

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Next slide, please.

Next recommendation for legislative change is that if the chief medical officer declares a public health emergency, that needs to go to the legislature for an open debate followed by a vote. And in that debate, the chief medical officer puts forward all of the documents on which she or he relies; so it's transparent. The public can see it; the MLAs can see it. And members of the legislature can also table alternative and additional sources of information. So all of the information on the table, vigorous debate, and then a free vote. Next slide, please.

We have automatic recommendation for automatic expiration, 30 days after that vote has taken place. Now, it can be renewed. Some public health emergencies could legitimately be longer than 30 days. It's not up to the legislation to determine that. That should be determined by reality and science. It can be renewed, but there has to be another debate and another vote and the presentation of documents and data. So we have an open, public, transparent process. And so we have the debate.

Why? Because debate is a tool for arriving at the truth. When everybody thinks alike, nobody thinks very much. Many of these recommendations directly or indirectly get back to free expression, which is a pillar of our free and democratic society. The only way to move forward in science, the only way to pursue truth is when there are no sacred cows. And you can freely challenge other people's views, and then you have pushback, refutation, debate. Next slide, please.

Number six: recommendation that the documents on which the chief medical officer relies as a basis for a declaration of public health emergency be made available to the public. I

actually, I'm noticing now that might be redundant with the previous recommendation, but in any event, we can move to the next one. There's a blank.

Adopting a broad approach to public health societal well-being. It is imperative that governments provide a cost-benefit analysis. This is also required by the *Canadian Charter of Rights and Freedoms*. In section one of the Charter, it says "the *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in its subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

The onus is on the government to justify any violation, whether it's a violation of our freedom of speech, association, conscience, religion, peaceful assembly. The Charter right to bodily autonomy, which is protected by the Charter section 7, right to life, liberty, security of the person, includes expressly—courts have been very definitive on this—we have a right to bodily autonomy. Individuals have a right to decide what medical treatments to receive or not receive. It's in the Charter, section 7. We have mobility rights: Charter section 6, to enter and leave Canada freely. To move freely within Canada.

Any of these Charter rights and freedoms, if violated by government, the onus is on the government to justify with evidence the violation of these Charter rights and freedoms. Now, there's a complex test called the Oakes test, and it's quite nuanced. We don't have time to get into it. It's not in this presentation, but I'm focusing on one element of the Oakes test, which is that when governments violate any of our Charter rights and freedoms, the onus is on government to show that the benefits of that violation outweigh the harms.

So it's a requirement, which our Alberta government, and to my knowledge, every provincial government, and most certainly the federal government, have failed miserably to adhere to what our Constitution requires. This is a requirement. This is not optional. This is a requirement of the Constitution of Canada, that when a government violates any right or freedom, the onus is on the government to demonstrably justify that violation. So with what we've seen, the failure of the last three years to have an honest cost-benefit analysis, to have instead a fanatical, dogmatic approach whereby governments have clearly already arrived at the conclusion that lockdowns are wonderful and are saving many lives:

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instead of that, there needs to be an honest, ongoing assessment. Next slide, please.

Part of that is that health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. That happens to come from the World Health Organization, but in spite of that, it's a very good definition. There's more to health than simply avoiding one illness or one disease. And so in formulating government responses to a public health emergency, our government officials, both elected and non-elected, should take into account all dimensions of human health: physical, mental, psychological, so on and so forth. Next slide, please.

And so we recommend that legislation be amended so as to include a requirement on the government to provide a comprehensive report once per month, which evaluates, measures, monitors, explains the impact of public health measures on individuals' mental health, and that would include things like alcoholism, drug overdose, spousal abuse, child abuse, suicide, physical health, cancer, obesity, all-cause mortality, access on data to diagnostic procedures and surgeries, and individuals' financial well-being, also relevant. There are many medical and scientific studies showing there's a correlation between

higher standard of living and better health. So if you hurt people economically, you're also hurting their health. Next slide, please.

Government's monthly report: seniors' long-term care must be included in that monthly report. What we did to our seniors in long-term care homes in the last three years was horrific. It was abuse. It was torture to isolate people, lock them up, to make it illegal and impossible for them to get the love and care and attention and affection of their own family members. It was also the media fear-mongering that kept young, healthy workers away from the long-term care facilities where they worked, because they were scared of COVID unnecessarily. And so in Montreal in particular—and I apologize, that's not first-hand testimony, but that's from media—horrific situations with seniors not getting care in long-term care facilities. Why? Because the staff were frightened away by media propagandists and afraid of COVID. Next slide, please.

Eleventh recommendation is that we need to pay special attention to how lockdowns, vaccine passports, harm the vulnerable. That would be groups like recent immigrants, those experiencing physical and mental disability, those experiencing addictions, Indigenous persons, and so on and so forth. Next slide, please.

Number 12: I alluded to this. The right to bodily autonomy needs to be expressly enshrined in legislation. Human rights legislation can be amended to add as a prohibited ground of discrimination. So for example, we already have on the books: you cannot discriminate against somebody on the basis of sex, religion, skin colour, national or ethnic origin, family status, et cetera, et cetera, et cetera. So it would be very simple, very easy. You add to that list no discrimination based on medical treatments received or not received. And there you go. You've got the protection there.

Legislation should also spell out that it becomes illegal—in the context of employment and in the context of providing public services—to ask people about their vaccination status. Private conversation, that's completely different. If you want to ask a family member, your next-door neighbour, go ahead and ask away. But when you're applying for a job or if you're in a restaurant, public services to where human rights legislation applies.

And then last point there: an appropriate exception can be created for medical doctors, other health care providers. Obviously, there can be an appropriate time in a place where doctors and other health care providers should be able to ask patients about their medical history and treatments. So human rights legislation would not apply to that. Next slide, please.

There should be a statutory right of a civil remedy, making it possible to, if somebody pressures you, coerces you into receiving a medical treatment, then you can sue that person and that remedies are available. And that can be created by statute. Next slide, please.

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This one is imperative, one of the most—perhaps the most important—recommendation.

Legislation needs to be amended so as to force the colleges of physicians and surgeons to respect the pursuit of truth, to respect the free expression rights of their members. And they should apply as well to the colleges of nurses, colleges of midwives, chiropractors, psychologists, psychiatrists, podiatrists, paediatricians, et cetera, et cetera, et cetera, et

cetera. Nobody should lose their free speech rights just because they enter into a profession. These are government bodies.

And prior to 2020, the college did not tell doctors how to treat their patients. There were ethical standards, yes. A medical doctor cannot have sex with his patients, for example. Or if a medical doctor was rude or verbally abusive, that would be an ethical violation. So by all means, these colleges appropriately are empowered to uphold and enforce a code of ethics. Prior to 2020, the college did not jump into the doctor-patient relationship and start to tell doctors, "Well, you shall prescribe anti-cholesterol medication to patients with high cholesterol levels. Or you shall not prescribe anti-cholesterol medication." It was left to the judgment of every doctor. There's all kinds of medical debates that have taken place recently and over the centuries. In recent times, the college does not interfere.

Science progresses and moves forward. Once upon a time, there's a very high—and the doctors in the room will know this to be true—a very high rate of women who died after childbirth. Why? Because medical doctors were not washing their hands prior to delivering babies. And so there was a doctor who happened to be a woman. I don't know if it matters or not. And she said, "Hey, we need to start washing our hands before delivering babies." And initially, she was mocked and ridiculed, and she was dismissed as a conspiracy theorist, and a kook and anti-science, et cetera, et cetera. But scientific progress and through debate, science advanced, and everybody came to realize that this doctor was correct. And doctors should wash their hands before delivering babies, and that vastly reduced the mortality rate amongst women, postnatal. Next slide, please.

Contracts need to be transparent. When they involve millions of dollars, millions of tax dollars, even if they involve only thousands of tax dollars, the public has a right to see these contracts while they're being negotiated and after they've been signed. Next slide, please.

Legislation should be amended to say that pharmaceutical companies are liable for use of their products. There shouldn't be any exemption through legislation or through contracts. Next slide, please.

Democratic accountability / Access to justice: A public health emergency should not become an excuse or pretext for our democracy to diminish as it has in the last three years, where we have reverted to a medieval monarch who decrees from week to week what laws we shall live under. Chief medical officers need to be accountable to the legislature, and again, federally, provincially. And it's very important that the legislatures, federal and provincial, not be disrupted just because there's public health emergency. And there's no excuse now with the technology that we have today that maybe didn't exist 20 or 40 years ago. Same thing applies to the courts. Most of the work done by judges is from behind a laptop. It involves paper. Yes, there are trials, and there are times when a judge has to be in the courtroom and listening to the witnesses. But most of the work of the courts is not done in that context. Most of it is done when judges are reading the case law and reviewing the written documents, reviewing the evidence. So the public health emergency should not become an excuse for courts to deny access to justice, which sadly has happened since March of 2020.

Eighteenth and final recommendation for legislative change is that once a public health emergency has ceased to exist for 90 days, the responsible government shall commence a public inquiry.

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Public inquiry shall have 90 days to gather evidence and shall release a report 90 days thereafter. So 270 days after the conclusion of public health emergency, there will be a report that will assess and evaluate the government's response.

I applaud the National Citizens Commission for doing what the governments themselves ought to have done. And it is a shame and a disgrace that generally, and I think we have an exception in Alberta, but other governments, they're not even looking at what's gone on in the last three years. So this too, legislation needs to be changed to require governments to hold that inquiry.

So my thanks again to the Commission for inviting me to be here. It is a great honour and subject to any questions, I would conclude my submissions here. Thank you.

Shawn Buckley

So John. I was just hoping to clarify a couple of things and it's just when we have an expert up here, sometimes, they just assume that some people know things. And so your point number 12, when you're saying well, we should include in human rights legislation the right to basically decide not to accept a treatment. I'm hoping that the commissioners and people participating watching your testimony will understand the *Charter of Rights and Freedoms* only applies to governments, but provincial human rights legislation applies to non-government bodies and that's why it would be added.

John Carpay

Exactly. Exactly.

Shawn Buckley

Because some people might not understand that nuance. And then I don't let any lawyer escape the stand, especially I wouldn't let the president of the JCCF, without asking this question. And it's just, we've experienced the largest intrusion of government over our rights in our lifetime, even for older people that have been through the war. We have now suffered a larger intrusion into our rights.

Can you think of a single case going forward that would act as a break on any level of government doing the exact same thing again?

John Carpay

I'm not sure if I'm following your question. Can I think of a single case, meaning like a court action or could you elaborate a little bit?

Shawn Buckley

Yeah. A court action. So where a court has said, "Hey wait a second school, you can't impose masking, or you can't impose a vaccine passport, or you can't lock people in their homes, or you can't tell people they can't travel on a plane or a train."

John Carpay

I'm very sympathetic to the arguments put forward by Ghent University Professor Mattias Desmet, who talks about mass formation, mass psychosis, and how fear can take over. And I

think what we've seen in Canada in the last three years is a lot of fear—a lot of it, self-perpetuating. Some of it, you know, falls from the get-go.

I mean, Neil Ferguson stating in March 2020 that COVID would be as bad as the Spanish flu of 1918: that proved to be demonstrably false as early as April or May. I mean, early on we knew that that was simply not the case. But the fear lingered on.

In answer to your question, I apologize for perhaps being a bit indirect. The way to avoid a future repeat of this, I mean, having better legislation on the books is definitely part and parcel of it. But it's for everybody to work hard on speaking truth to our neighbours, our friends, our families, our co-workers, and getting Canadians to a point where we recognize that these lockdowns were horrific human rights violations. And they were not justified. They were not based on science. They were not excusable. And unless and until we get the majority of Canadians to really recognize that human rights were violated in 2020, '21, '22, to the present. There are health care workers in BC that cannot, they're not allowed to, come back to work, because of a decision they made a year and a half ago to not take the shot. That's still a reality in British Columbia with doctors and nurses and health care workers.

So the solution is to get Canadians to recognize the violations that took place, in the same way that today we recognize that it was a horrific human rights violation to force the Japanese Canadians who were living in the Vancouver area—

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And there was fear. People feared the invasion from Imperial Japan. The Japanese troops would land on the shore and they feared that the Japanese Canadians would rise up and assist the foreign invaders. Even though the police had already told the government that, "No, we think that the Japanese Canadians are safe. They're not a threat to our national security. Many of them are third, fourth generation. They don't even speak Japanese. They're 100 per cent loyal to Canada." Well, never mind the facts. These people were dispossessed of their homes, their fishing boats confiscated, and forced to move into labor camps in the interior. Now, because we recognize today that that was wrong, there's a chance we won't repeat it, right? But imagine if we didn't recognize that that was wrong. It would increase the chance of that being repeated. So public education is very important to avoid this. That would be the best inoculation.

Shawn Buckley

Right, okay. I'm just going to circle back because have you— Are you aware of a single case like that, if this happens again, your JCCF lawyers could rely on and say, "No government, you're not allowed to do this?"

John Carpay

We've had, you know, we've had mixed success. I have not been too pleased with some of the court rulings where it appears that the judge is simply relying on a media narrative and not really taking a hard look at the evidence before the court. And you can see that in the judgment. There's all these conclusions that have been dumped too, that are not rooted in evidence that was submitted before the court. Disappointment in that is not going to deter us from doing the best we can to be active participants in the system that we currently have. I think it's all you can do.

Shawn Buckley

Okay, the only other thing I wanted to ask you before I let the commissioners ask you questions or invite them to, is your recommendations are fairly heavy on, you know, this being a public health emergency and public health officer. And Lieutenant Colonel David Redmond makes a point; he says, "Well, actually public health should never be in charge of an emergency." That there specifically was another organization for that, and that if there was what we would call an emergency involving public health, public health would be advising that other agency, but the other agency takes into consideration a wider variable of things.

Would it be fair to say that the suggestions you put forward would equally apply if another agency was put in charge of an emergency, regardless of whether it's public health emergency or some other type of emergency?

John Carpay

Well, absolutely. I think what's behind this is that we need to take a holistic approach to whatever crisis there is, whether it's public health emergency or some other kind of emergency. You know, if we've got a big problem with forest fires, I mean by all means we want the expertise of firemen, but do we want one fireman to take over as a medieval monarch and decree all the laws of the land that we're all going to live under, just because he's a fireman? That wouldn't make any sense.

And just because it is a public health emergency, and I recognize that medical doctors do have—medical doctors generally have much more expertise than non-doctors about medical matters. That doesn't qualify a medical doctor to have this kind of autocratic power, where there's this singular fixation, as if the only important thing in life is to stop one virus. Which is impossible by the way. You can't stop the virus. But anyway, so yes, these recommendations would create a situation where, by all means, the chief medical officer plays an important role and can make recommendations. But you still have a holistic approach where the elected members of the legislature, which include doctors and lawyers and firemen and nurses and housewives and so on and so forth, that they have input on this.

Shawn Buckley

Thank you. I have no further questions. I'll ask the commissioners if they have any questions.

Commissioner DiGregorio

Thank you so much for coming down today and giving us this very thoughtful and well laid out set of recommendations. I understand that you're proposing these as legislative changes that could be imposed. And so then presumably each province would be looking at making such changes,

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if they were to take these recommendations, and potentially even the federal government in the areas for which they're responsible. Are these really representing guardrails to give guidance to governments on how to proceed in emergencies going forward?

John Carpay

Yeah, I like your characterization. I had not thought of the term, but I think it would be fair to say, yeah, these are guardrails. They're not going to guarantee perfection or perfect outcomes. But these legislative changes, I hope, if implemented, would prevent the massive and horrific human rights violations that we've seen since March of 2020.

Commissioner DiGregorio

And is it your view that we need these guardrails, given the way that the courts have been responding to Charter challenges and cases in the COVID-19 realm?

John Carpay

Yeah, the problem's been courts, politicians, government-funded media, medical establishment: these different actors together. And these legislative proposals, I think, would have an impact on all of those. One of them specifically is about the colleges of physicians and surgeons: that they are to foster, facilitate, respect the scientific process, which includes debate, and not say, this is the truth and you shall abide by it. Because that's anti-science.

Commissioner DiGregorio

And so isn't the Charter supposed to already contain protections that these guardrails shouldn't be needed? Are guardrails like these needed in analyzing and applying the Charter going forward?

John Carpay

I think these guardrails, if they were on the books federally and in every province, would vastly reduce the chance that that Charter rights and freedoms would be violated, so there'd be less of a need to go to the courts. Judges are human and so you know, what we've seen in the last three years is that those who are susceptible to fear and that fall into this absence of thinking and very emotional, fear-driven response, it doesn't discriminate on the basis of education or intelligence. There are highly intelligent people and very educated people who accept as well as who reject the government narrative. So some of these judges are human and they've fallen into that fear and that's very unfortunate.

Commissioner DiGregorio

I asked that because we've had a number of legal experts testify before the Inquiry so far, some of who have suggested that we need to delete section 1 of the Charter, or that other amendments need to be made to the Charter. And I guess what I'm trying to explore here is whether these types of measures would eliminate the need that people see for the Charter to have to be gone back into?

John Carpay

Obviously, in respect to this presentation today, I have not turned my mind much yet to changing the *Canadian Charter of Rights and Freedoms* itself by, for example, removing section 1 or changing section 1. Legislative changes are a lot. The journey of a thousand miles must begin with a single step. These will not be easy to get these legislative changes through. But I think trying to change the Constitution is nearly impossible. It's much, much

harder than legislative change. I think we should consider both. I think we can do these legislative changes. Get those done quicker, faster, easier than constitutional change. But I think constitutional change, certainly section 1 needs to be looked at, in light of what we've seen in the last three years.

Commissioner DiGregorio

Thank you. And if I could just clarify a few of the ones that you went over with us. So specifically, number 12, which was about respecting the right to bodily autonomy and I thought I saw in there restrictions on collecting of private health information.

And I'm just wondering whether that needs to be restricted to health information or if the recommendation would be for other personal information as well? And I apologize I didn't read the whole thing because we were going quickly.

John Carpay

No, no problem. They are connected. The Justice Center is active in raising awareness about the dangers of centralized digital ID and of course there's some connection with the health legislation.

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Governments cannot violate— It's very hard for governments to violate your freedoms of travel, mobility, religion, conscience, expression, association if they don't first have data about you, right? So if we can succeed in protecting privacy, where we say, look, it's not government's business, where I go and who I hang out with and my personal banking and finances and purchases, and my travel and my political opinions, et cetera, et cetera, it's none of the government's business. The government has no right to collect this data on me, okay? If we achieve that, then the chance of the government being able to violate our rights and freedoms is a lot smaller and certainly with medical information.

It was disgraceful here in Alberta early on where the health minister, Tyler Shandro, unilaterally amended legislation to allow police to give, sorry, to allow the Alberta Health Services to give personal, private, confidential medical information to police. It's absolutely outrageous. Now, the pretext was, well, some people are spitting on police officers so we need the DNA sample to make sure that the person that spat on the police officer, et cetera. Okay, fine. You could have a very narrowly crafted, narrowly tailored provision to authorize some partial release of one individual's medical information in that situation, where they spat on a police officer, right. But this was just a global, "Yup, Alberta Health Services can turn information over to police."

Commissioner DiGregorio

Thank you. And another one of your slides or recommendations, which I think was number 13, you proposed that there be statutory civil remedy, I think, for harms from the vaccines. At least I think that's what you were getting at there. And then you also went on in number 16 to talk about not giving liability protections to pharmaceutical companies.

And we've also had other people testify as to the need for accountability, which I think taking away the liability protection for pharmaceutical companies does. But do we need to consider what liability protections are appropriate or not appropriate for other, such as the public health officers, the chief medical officers, and do we need to consider that as well?

John Carpay

Excellent question. The recommendation here on point number 13 was focused on a right to sue somebody if you got pressured, coerced, manipulated into getting medical treatment like a vaccine, and you were pressured into that you could then sue the person that pressured you into it. These submissions today don't comment specifically on being able to sue for vaccine injury, but obviously I think that that should be possible. And I think that's a good thing and that's all part of justice.

If somebody harms you then you get to sue them. That's part of our justice system—has worked for a long time. In terms of bringing to justice, I'm frequently asked at public meetings: Will our politicians and chief medical officers who imposed these human rights violations on us, will they ever be brought to justice? And my answer is yes, someday, but only if we get to a point where the majority of Canadians recognize that we did suffer massive human rights violations. And as long as the public is not at that point, then those who perpetrated the human rights violations will not be brought to justice. So again, it goes back to changing public opinion is the big task that that lies ahead.

Commissioner DiGregorio

Thank you, and my last question just revolves around— I'm struck by your recommendations, how they seem to repeatedly refer to transparency and freedom of speech. And this is a theme we have seen with many of the witnesses over the inquiry. Can you just speak to how important that is and will be going forward?

John Carpay

Everybody wants good laws, right? Ask any audience in any room, who wants bad laws? Well, everybody wants good law. How do we get to good laws? Well through debate and discussion, and if debate is stifled and a presupposition is put forward—you know, "Well, we already know what the right tax policy is or the right Aboriginal policy or the right environmental policy or the right criminal justice policy;

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we already know that, and so there's no debate."—You're not going to arrive at good laws.

The whole idea of democracy in the legislature is there should be a cut and thrust. And the government, you know, you have first reading, and then it goes to committee, and the committee looks at it and says, "You know, look maybe the bill generally is a good idea, but you know we should really change section 7 and section 14. And we need to think about this, think about that." And so even in the legislature you have this idea of debate and you improve legislation, so when it comes back again it's better than what it was the first time. So we need the free research, free inquiry, free debate, free speech in order to arrive at truth in all realms. And that can be, that would include science and politics and religion and art. Everywhere, every sphere, every dimension, we need that open debate without censorship as the best means to arriving at truth.

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

Thank you for your testimony. Many of the recommendations you're making seem to be focused at trying to make the public health emergency legislation a little more accountable. But I'd like you to talk a little bit about the problem with that. We already have also legislation, which is very similar for emergencies all over, overall. And no emergency is one discipline. In other words, when there's a hurricane or a tornado or an earthquake or something else, there's multiple disciplines that have to come into it: medical, transportation, engineering, trades, et cetera. And those people who are in the emergencies area, and I've been involved in that, are trained in planning, logistics, figuring out the goal. Lieutenant Colonel Redmond the other day talked about, you know, if you don't establish your target properly, you're obviously not going to hit the proper target.

Shouldn't the solution or a part of this solution just be to roll that whole medical thing back into the *Emergencies Act*, so that they have the proper planning placed on top of them? Because we hear testimony after testimony about how these public health officers, who may or may not have any training in emergency awareness and understanding the complexity of one of these emergency systems, they're running this thing. As opposed to just getting rid of it and rolling it into the *Emergencies Act* legislation. Can you comment on that?

John Carpay

I have not looked at the provincial legislation. If you're talking about the *Emergencies Act* federally, and of course this is quite relevant: the Justice Center has commenced a court action seeking a ruling that the prime minister acted illegally because the Commission report, the Rouleau report, didn't bring a desirable or satisfactory outcome. In fact, the evidence that was placed before the Public Order Emergencies Commission very strongly suggests that the requirements for declaring a national emergency were not met. So that that would be my only response.

Commissioner Drysdale

And also within your recommendations, you talk about an investigation 30 days after or 90 days after or whatever the recommendation was. You know, without a functional media, without a media that's looking after the people and pointing out conflict, obvious conflicts of interest, which you kind of sort of referred to just now, how can you rely on again saying that there has to be an investigation where there's no media scrutiny on it and there's no legal reins on it? You can put any person with conflict of interest ahead of that and come out with whatever you want?

John Carpay

Well, I think, the government-funded media—two things: One is they failed us; they failed Canadians. They failed democracy. They failed society by parroting government narrative in a way that I've never seen media do that to the same extent before 2020, where anything that a government official said was taken to be gospel truth and was just propagated and repeated.

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So they really lost their way.

Now, what's interesting though is when we had the Public Order Emergencies Commission, and I suppose some of the reporting may have been biased, but the media did report on that. And it was possible to learn about the evidence that was being presented before that Commission. The media landscape is changing and the government-funded media are becoming less influential every day. The fact that they need to go to the government, cap in hand and beg for money, tells us that they do not have a viable business; and so they're slowly dying, I think, a well-deserved death. And what's happening is you've got independent media such as the *Western Standard*, *The Epoch Times*, the Rebel [Rebel News], *True North*, the *Counter Signal*, and the independent media are growing. *Blacklocks Reporter* is another one: doesn't receive government-funding. Whereas the government-funded media, fewer and fewer people are listening to them. So this is taking much longer than what I would want, but slowly, but surely government-funded media are dying and independent media are growing. And so it's not impossible to get the truth out.

Commissioner Drysdale

I appreciate that point, but we heard over and over again in this testimony how the government picked winners and losers. You know, the corner store on the street went out of business and the big box store had all kinds of profitability. So in that consideration, and given that Bill C-11 just passed, can you comment on how Bill C-11 may affect that possibility to continue hearing those alternative sources outside the government narrative?

John Carpay

The worst threat to our freedoms is self-censorship and it's a worse threat than C-11. C-11 is a problem because it gives new and additional powers to the CRTC [Canadian Radio-television and Telecommunications Commission], where government looks to be gaining control over our podcasts and YouTube videos, websites so on and so forth, and so the best thing to do with our freedom of expression is to exercise it. Our Charter freedoms are like a muscle, right? I'm not a medical doctor, but I've been told that if you spend your days on a couch watching TV and if you never exercise, that that's bad for your health. Whereas, if you exercise your muscles, it's good for your health, and it's the same with our Charter freedoms.

So the best defence against C-11, unless and until it's altered or repealed or struck down by a court, is to continue to exercise our Charter rights and freedoms in a robust fashion. Not only is that the best defence, I think it's the only defence that we have right now and in the next few days, weeks, months. It's the only thing we can do: to keep on speaking the truth to the best of our ability.

Commissioner Drysdale

Thank you, sir.

Commissioner Kaikkonen

Thank you for your testimony. I appreciate the fact that you're a lawyer and I'm not. So I qualify myself when I say that. But one of the things that my understanding is, since '82 when the Charter was enacted, we had three years in every province and federal government to align the laws with the *Charter of Rights and Freedoms*. Since '85 we've watched a proliferation of laws go into place and that was by the legislature, you're right on that. But the judiciary had a responsibility to pull it back and they have not.

So I just wonder how we're supposed to rein in a legislature, when that's where most of the recommendations that you've made go to, when the judiciary itself is providing, as you say, mixed decisions that really don't protect the rights of ordinary Canadians? And for ordinary Canadians, if I turn that the other way: How do they have access to a judiciary when they have their rights and freedoms violated, without prohibitive costs and having to deal with that as well, in terms of just moving the law to a place where it recognizes—and the judges as well—that Canadians are the ones who have a right to be free? They're born free, and their God-given right is to be respected by their institutions.

John Carpay

Thank you. Pre-2020 there are mixed results insofar as lots and lots of court rulings, where the courts sided with the government and upheld the law,

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but also lots and lots of rulings where the courts sided with the Charter claimant and struck down a law in whole or in part. I don't know off the top of my head what the specific breakdown would be.

There's certainly been a shift in the last two years with rulings pertaining to COVID and lockdowns. I'm seeing a lot more deference to government than what I was seeing prior to 2020. The cost of litigation—it's a huge problem. I mean this is why you've got groups like the Justice Center, where we get the donations from Canadians, and then we provide legal representation free of charge because the people that we represent, they would need a hundred thousand or two hundred thousand dollars in the bank to pay for legal bills if they had to represent themselves. So that's a big problem—how expensive litigation is. And there's no easy answer to that. I welcome a follow-up question. I have a feeling I haven't really addressed kind of the heart of what you're getting at.

Commissioner Kaikkonen

So one of the people who testified this morning, one of the witnesses advocated that millions of complaints should be made against the professionals in their discipline that refused to— That did not provide informed consent. So that would be one way that the people could actually address in some form some of the abuses that they have suffered over the last three years.

But how do we—if we take that thought further, because that's an action that everybody can take personal responsibility for and actually follow through with—how do we make a judiciary accountable to the people? Where do we start, as ordinary Canadians, to change that mindset that whatever the government says the judge will agree with, as opposed to the fact that ordinary Canadians are willing to take their finances and their assets and put them on the line to fight abuses that were clearly wrong and clearly violate the Charter?

John Carpay

You can have an accountable judiciary where perhaps you have the election of judges, would be an example, or you can have an independent judiciary. You can't have both. The way our system is right now, in theory, and I think largely in practice, is you have the accountability on the democratic side; so the lawmakers can be removed from office if you don't like your MLA or the party or the government. You can be involved in the democratic process. You can remove people from office and replace them. You know, there are pros

and cons to elected judges. There are some U.S. states that have that, and there are people who say that that works really well, and other people argue it does not work very well. Our system in Canada: the idea is the judges are independent, so that there cannot be any kind of threat or, you know, something hanging over the judge's head that if you don't rule the way that I want you to, there's going to be accountability there. So we have an independent judiciary. I don't know how you can have a judiciary that's both independent and accountable. I just don't know how one could achieve that.

Commissioner Kaikkonen

And then I'm just going to pull out an example, and I wish I had all the details. So I may be a little bit lost on some of the details. Certainly, in the time frame I'm not aware of it or I can't really pin it down.

But in Ontario, the legislature decided, I'm going to say six or seven months ago, that they should have an appointed chief medical officer that was above the legislature. That would have a five-year contract, a five-year renewable contract, and a year I believe it was on top of that, if the legislature so chose. So is that not contrary to everything that we're talking about here? That we've addressed that there is the problem has been this kind of dictator at the top of the legislature above the legislature, and how do we counter that as people? That, our legislature who you're giving all these recommendations to, would actually think it's okay to have a chief medical officer that is over and above the elected official? And again, I'm going to take it back to, Where do the people of Canada get that accountability and transparency if the legislature itself, the MPPs [Members of Provincial Parliament] in Ontario, think that that's a good idea?

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And they think that that's okay to push first, second, and third reading quickly through.

John Carpay

Well, that proposal, as you've described it, sounds like a permanent medical dictatorship; even worse than the quasi-permanent medical dictatorship that we've already suffered through.

Most politicians, in my view, are followers, not leaders. And that's for better or for worse. I don't mean it as an insult or a compliment, but just as a description.

If in Alberta, if three-quarters of Albertans in 2020 had been vociferously opposed to lockdown measures, I don't think the government would have imposed those lockdown measures. But I think there was strong public support; to the precise extent, it's hard to know. But there was considerable public support. And so there were people phoning and emailing their MLA's saying, "Lock us down harder, and we want more of our rights and freedoms taken away. We want more restrictions." And that's what a lot of MLAs were hearing, and they're sensitive to that. So I think when you get what sounds like a very bad proposal to have an appointed chief medical officer serving a five-year term with all kinds of powers, well, people in Ontario need to contact their MPP and say, "That sounds really awful. I want you to vote against it. And if you don't vote against it, I'm going to vote against you in the next election." And just be involved in the democratic process. I think that's really important.

Commissioner Kaikkonen

And on your last, I believe it was the 18th, you suggested that there should be a public inquiry 90 days in, and that that report from the public inquiry should be made available to the public 270 days later. We've had those. And it didn't go in the favour of the people. So I just wonder whether it needs to be a broader or more specific, maybe, recommendation. Like here, we're going across the country. We are listening to the views and opinions and the experiences of ordinary people. People who are Canadians who have experienced atrocious abuses in all sorts of factors. And we will have a report. But how do you, again, bring government to the point where they recognize that this is a huge proportion of the population in Canada and beyond, that has experienced things that they actually perpetrated? So how do we bring it back?

John Carpay

I think the work that the National Citizens Inquiry is doing is contributing to that. You are doing what the federal government and every province should be doing right now. So these 18 proposals are more of a skeleton. So for each one of these proposals, there would be a lot of extra work and that's okay. Every legislature has a team of drafting lawyers whose full-time job it is to draft legislation, right?

So these are kind of broader statements of principle. But say, on point number 18, mandatory public inquiry after conclusion of public health emergency, there's an example of where the elected politicians with their staff lawyers that work for the legislature could sit down and could very specifically craft, you know: How do the commissioners get appointed? How do we make sure that we get unbiased commissioners? What kind of evidence is received? And all the details will be spelled out. So this is kind of the skeleton, the starting point.

Commissioner Kaikkonen

Thank you very much for your testimony.

John Carpay

Thank you.

Shawn Buckley

John, there being no further questions, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and giving your testimony today. And I'll advise you that the PowerPoint that you provided will be made in exhibits so both the public and commissioners can review it, to understand your testimony better.

John Carpay

Thank you. It's a real honour for me to have been here with you today. Thank you.

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